DOCUMENT RESUME

ED 469 897 JC 020 731

AUTHOR	Ottenritter, Nan; Barnett, Lynn
TITLE	HIV Prevention Strategies for Community Colleges: Lessons Learned from Bridges to Healthy Communities. AACC Project Brief.
INSTITUTION	American Association of Community Colleges, Washington, DC.
SPONS AGENCY	Centers for Disease Control and Prevention (DHHS/PHS), Atlanta, GA.
REPORT NO	AACC-PB-02-2
PUB DATE	2002-00-00
NOTE	18p.
CONTRACT	U87/CCU312252-05
AVAILABLE FROM	Community College Press, P.O. Box 311, Annapolis Junction, MD 20701 (Order # 1546: pack of 20, $20). Tel: 800-250-6557 (Toll Free); Fax: 301-604-0158; e-mail: aaccpub@pmds.com. For full text: http://www.aacc.nche.edu.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; College Role; Communicable Diseases; *Community Colleges; *Disease Control; *Health Education; *Health Promotion; Preventive Medicine; Safe Sex; Two Year Colleges

ABSTRACT

The American Association of Community Colleges (AACC) instituted the Bridges to Healthy Communities project in 1995 as part of a 5-year strategy to develop campus-based programs for preventing HIV infection and related health problems among college students. The Centers for Disease Control and Prevention (CDC) sponsored the national effort through cooperative agreements and financial assistance. Twenty-two community colleges, selected through nationwide competition, participated as Bridges colleges, as recipients of Bridges mini-grants, or as Bridges mentors. These colleges conducted a variety of HIV prevention activities to promote change on their campuses. This document discusses prevention strategies, which include service learning, HIV testing, curriculum infusion, peer education, new policies and practices, and collaboration and outreach. It also presents recommendations for systemic change, such as: (1) promoting collaborative relationships with local public agencies and with private and nonprofit organizations; (2) integrating health information into existing courses and structures; (3) offering wellness fairs; (4) helping faculty members develop the skills necessary for motivating behavioral change in students; (5) partnering with local governments to provide health and recreation facilities for the community; and (6) aligning campus strategies with prevention efforts that are known to work. Contains contact information for each participating college. (EMH)

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HIV Prevention Strategies for Community Colleges: Lessons Learned from Bridges to Healthy Communities AACC Project Brief

Nan Ottenritter and Lynn Barnett

American Association of Community Colleges

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PROJECT BRIEF

HIV Prevention Strategies for Community Colleges: Lessons Learned from Bridges to Healthy Communities

By Nan Ottenritter and Lynn Barnett

The American Association of Community Colleges (AACC) instituted the Bridges to Healthy Communities project in 1995 as part of a five-year strategy to develop campus-based programs for preventing HIV infection and related health problems among college students. The Centers for Disease Control and Prevention (CDC) sponsored the national effort through cooperative agreements and financial assistance. Twenty-two community colleges, selected through nationwide competition, participated as Bridges colleges, as recipients of Bridges mini-grants, or as Bridges mentors.

With grants from AACC, technical assistance from mentors and other experts, and nurturing from a learning-community network, the Bridges colleges conducted an array of HIV prevention activities to promote individual and systemic change on their campuses. The core strategy for these changes included building strong connections between service learning and HIV prevention. The colleges developed their own programs for HIV testing, curriculum infusion, peer education, administrative policies and practices, and outreach and collaboration with community partners. Some of the work was influenced by the findings of the 1995 CDC National College Health Risk Behavior Survey. The importance of developing cultural competency in meeting the U.S. Department of Health and Human Services' (HHS) goal of reducing health disparities (*Healthy People 2010: Objectives for Improving Health)* became clearer in the course of the project. HHS's health objectives, which were developed during the same period as the Bridges project, became integrated into the goals and objectives of several Bridges college projects.

PREVENTION STRATEGIES: LESSONS LEARNED

- Service learning and HIV prevention
- HIV testing
- Curriculum infusion
- Peer education
- Policy and practices
- Collaboration and outreach

In August 1999, AACC's board of directors adopted a policy statement on health and wellness that was developed by the Bridges national advisory panel, a group that provided ongoing assistance and review throughout the project. In September 1999, AACC convened a Presidents' Policy Roundtable on Health, which both validated the goal of the Bridges project and generated a number of policy-related recommendations. The lessons learned from the Bridges project led AACC and the Association of Community College Trustees (ACCT) to include the idea of tying learning to physical and mental health into *The Knowledge Net* (2000), a report that sets the community college agenda for the next decade.

The Bridges project strongly demonstrated how community colleges can improve the health of students, staff, and community members by participating in the strategic planning and decision making of campuses and communities. Community colleges provide an effective network for disseminating information about healthy behaviors, and they have proved successful at assessing and implementing change in the eight indicators of success (a framework for planning and implementing change at college and universities developed during the first years of the Bridges project) identified by Hoban, Ottenritter, Gascoigne, Kerr, and Sawyer: campus environment and policy, health messages, professional development, student leadership, prevention programs, attending to priority populations, health services, and collaboration.

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SYSTEMIC CHANGES THAT PROMOTE HEALTH

BRIDGES TO HEALTHY COMMUNITIES
AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

- **Offer health-related prevention and treatment services.**
  - — Provide voluntary counseling and testing for HIV/AIDS to reduce the number of new infections and to encourage early diagnosis and treatment.
  - — Ensure that conversations with students are confidential.
  - — Secure funds for testing from local and state health departments, private foundations, insurance, the college, or client reimbursements.
  - — Promote collaborative relationships with local public agencies and with private and nonprofit organizations.
- **Place health messages strategically.**
  - — Integrate health information, health-promotion messages, and skill-development activities into a college community in highly visible ways.
  - — To prevent the perception that health is an add-on responsibility or curriculum extra, integrate health information into existing courses and structures (e.g., by incorporating health-related topics in speech or English composition courses, or by analyzing health-related Web sites in a Web design course).
  - — Offer peer education clubs and annual wellness fairs.
- **Support faculty members.**
  - — Provide incentives for faculty, such as recognizing the value of teaching health courses, collaborating with the community, and participating in or leading service activities in promotion and tenure reviews.
  - — Share models of health-related teaching materials with faculty members in both traditional academic disciplines and occupational programs.
  - — Help faculty members develop the skills needed to move students from information acquisition to behavior change.
  - — Involve adjunct faculty members in college-wide goals for promoting health and preventing disease.
- **Create financial models that support health.**
  - — Partner with local governments to provide health and recreation facilities for the community.
  - — Leverage college funds obtained through student activity fees and other sources to support healthy campus initiatives such as peer education clubs, lunchtime walking clubs, healthy food in vending machines, and smoke-free policies.
  - — Identify and secure seed money for health initiatives to pay personnel and support collaboration with community-based organizations.
- **Engage leaders in creating change.**
  - — Support credible, healthy initiatives that come from the campus grassroots environment, such as a staff assistant requesting a lunchtime yoga class or a maintenance person requesting safer disposal of lab materials.
  - — Initiate action in policy, environment, health messages, professional development, student leadership, prevention programs, attention to priority populations, health services, and collaboration.
- **Employ evidence-based strategies for change.**
  - — Align campus strategies with prevention efforts that are known to work, such as those discussed in CDC's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* (1999).
  - — Regularly include health messages in student and staff orientations and in leadership and development opportunities.
  - — To maximize the impact of health-promotion efforts, adapt health-promotion efforts to address cultural differences (e.g., by using the language of the intended audience).
  - — Be willing to change course or direction when something is not working.

Creating Institutional Change for HIV Prevention and Campus Wellness

In September 1999, 14 leaders, including community college presidents, met at a Presidents' Policy Roundtable on Health, which was convened by the American Association of Community Colleges to discuss campus health issues and suggest strategies for creating healthier campuses. The presidents expressed concern about the negative effects of the physical and mental health problems of students and their family members on student learning and retention. Most participants reported problems associated with issues such as smoking, alcohol and drug use, obesity, high-risk sexual behaviors, and chronic diseases. Some described mental health problems such as addictive behaviors, suicide, low self-esteem, and stress. Many also cited social issues that profoundly affect student learning and retention: the illness of a loved one; domestic abuse; anxiety about campus safety; access to health care insurance and services; and environmental issues, such as poor air quality due to aging college buildings or the absence of a no-smoking policy. Roundtable members suggested ways that colleges could proactively address health issues. Suggestions ranged from after-school programs for children to on-campus peer education programs for health promotion and disease prevention.

A central question emerged from the roundtable: What systemic (institution-wide) changes on community college campuses would empower individuals to live healthy lives in healthy communities? Because health, including HIV prevention, is a long-term investment, systemic changes are crucial. Many of the Bridges colleges implemented or improved programs to address systemic change from the start of their programs in 1996, reflecting the recommendations of the 1999 roundtable. In particular, they improved the following:

- Health-related prevention and treatment services
- Strategic placement of health messages
- College support of faculty through incentives and involvement
- Financial support for health-related programs and services
- The use of reliable, evidence-based strategies
- Engaging leaders in creating change.

Lessons Learned

The colleges that participated in the Bridges to Healthy Communities project conducted a wide range of activities based on theory, identified need, local culture, available resources, and the strengths of campus personnel. Service learning was the strategy that connected all of them. This section describes lessons learned from the Bridges colleges as they engaged their campuses and communities in health promotion and HIV/AIDS prevention activities. The lessons are in six areas: service learning and HIV prevention, HIV testing, curriculum infusion, peer education, policy and practices, and collaboration and outreach.

Service Learning and HIV Prevention

Service learning is experiential education that links academic course work to community service and emphasizes reflection and critical thinking, personal responsibility, and civic engagement. HIV prevention and service learning strategies have much in common. They are both educational experiences that meet personal and community needs through skills that enrich the health of both personal and community life, and they have similar determinants of success (table 1).

Incorporating service learning into HIV

TABLE 1 — Service Learning and HIV Prevention Programs in Community Colleges: Determinants of Program Success

Determinant of Program Success	Effective HIV Prevention Programs	Effective Service Learning Programs
Identified need as basis of program	Programs are designed to meet specific campus needs as identified by a broad range of constituencies.	Programs are designed to meet specific community needs as identified by a broad range of constituencies.
Continuous program improvement	Programs evaluate quality and effectiveness and make appropriate adaptations.	Programs evaluate quality and effectiveness and make appropriate adaptations.
Interaction	Programs provide interaction that allows students to personalize information through group discussions, service experiences, role-playing, and skill-development activities.	Programs provide interaction through students' service experiences and subsequent reflective experiences.
Participant self-determination	Programs involve constituency groups in planning, implementation, and evaluation.	Programs develop student leadership skills and student buy-in through a variety of activities.
Cultural diversity in program design and participant outcomes	Programs and activities are culturally relevant, with activities adapted for differences in race and ethnicity, age, sexual orientation, and other factors.	Programs provide opportunities for students to reflect upon the range of dimensions of the service experience, particularly differences in race and ethnicity, age, sexual orientation, and other factors.
Theory basis	Programs are based in behavioral, social science, and learning theory and research, and they involve, for example, working with social and environmental norms, reinforcing behavior change, and repeating health messages.	Programs and reflective activities are based on knowledge of adult learning styles.
Teaching of critical thinking, problem solving, communication, and negotiation skills	Programs use case studies, role-playing, and other means to provide modeling and practice in critical thinking, problem solving, communication, and negotiation skills.	Programs provide for the development of citizenship skills such as critical thinking, problem solving, communication, and negotiation through case studies, roleplaying, and other means.

Service learning allows me to work one-on-one with people instead of one-on-one with paper. I feel that the time spent educating people about health issues showed me why biology is so important.

—Melissa Brooks, Student,
Holyoke Community College

prevention programs, and vice versa, involves collaboration, clarity of purpose and means, respect for the self-determination of all parties involved, high levels of interaction and investment, grounding in theory, and cultural relevance. It also encourages the development of skills in negotiation, conflict management, critical thinking, and communication. Several examples illustrate how these connections were made in the Bridges to Healthy Communities project.

Service Learning through a College Health Center

Holyoke Community College provides on-campus service learning opportunities for students in a variety of disciplines and courses. By defining its campus as part of the community to be served, the college can place in service situations students who might otherwise have difficulty getting such positions because of transportation problems or a history of incarceration. The college's two-tier system involves trained peer educators who work out of the health center and act as mentors to service learning students.

One Holyoke service learning student planned a potluck luncheon for single parents attending the college. The academic goal was to learn whether child abuse could be decreased if parents had better social supports. The peer educator helped the student plan and carry out the event, evaluate the luncheon, and make connections between the use of social support and child abuse. Spin-offs from this event included a special student-staffed table in the college cafeteria where other students who needed to could talk to someone, as well as a planned series of supportive activities for single parents. These activities increased personal connections among students as well as leadership opportunities.

Service Learning and HIV-Positive Children

Both students and community-based organizations can benefit when service learning students are placed in community facilities for people with AIDS. In addition, courses that develop basic skills in fields not related to health can be enriched by service learning that is focused on health issues, including HIV/AIDS.

At San Antonio College, an English composition student provided childcare at a community-based home for children with AIDS, then used the experience as the focus of several writing assignments. This experience had two benefits: the student's writing skills were improved, and the children had a loving, attentive caregiver.

Children with AIDS are like children without AIDS. They are no different. They all want to laugh and play. They all want love and attention, and most children will do anything for a Happy Meal!

—Service Learning Student,
San Antonio College

HIV Testing

Because HIV-infected individuals may decrease risky sexual behaviors when they become aware of their HIV status, experts consider HIV testing, often referred to as VCT (voluntary counseling and testing), to be an effective HIV-prevention intervention. Bridges colleges provided VCT in a variety of ways:

- At the City College of San Francisco, the local health department van provided testing. Later, college staff trained peer educators to test and give results. The peers combined giving test results with sexual health education in a setting that was private and confidential.
- The College of DuPage health center scheduled appointments and tested only in the

afternoon and evening when there was less traffic on campus, a preferred time for their college culture. Testing, counseling, and result reporting was done only by the county health department.

- A local hospital offered HIV testing on a walk-in basis for Holyoke Community College.
- A community agency provided testing at Raritan Valley Community College.
- Santa Barbara City College and other colleges provided testing on a limited basis, coinciding with activities related to specific events and themes such as World AIDS Day, Safe Spring Break, and Valentine's Day. The colleges referred students who were reluctant to be tested on campus to community-based organizations, health departments, and other off-campus resources.

Curriculum Infusion

Getting HIV prevention information into the curriculum has been an effective way to sustain Bridges activities at colleges after their Bridges grants ended. Curriculum infusion is a process in which well-defined content or skills are embedded in seemingly unrelated courses and curricula. The content or skills can be shaped into course modules, stand-alone courses, or fourth-credit options, or they can act as links among courses in a learning community (i.e., a group of students who are enrolled in several courses that are taught by an interdisciplinary team). Seamlessly infusing health-promotion and disease-prevention information into the curriculum gives students a clear conceptual connection between the information and their lives, making education relevant and personal. Certain types of curriculum infusion can also ensure that disease-prevention endeavors will be sustained after a grant has ended, a charismatic leader has left an institution, or a disease has become so commonplace that it attracts little attention and funding.

Students attending Bridges colleges could choose from a variety of curriculum infusion experiences along a continuum of course content integration. Approaches included curriculum modules, trial or experimental courses, fourth-credit options, independent studies, general electives, program electives, program requirements, and general education requirements (table 2). These reflect the primary ways in which content is sustained in American education today.

A significant number of health-promotion and disease-prevention efforts take place in noncredit and continuing education programs. For example, Raritan Valley Community College offered the American Red Cross "Basic HIV/AIDS Program: Fundamentals Instructor Training" through its Institute for Business and Professional Development. This 28-hour course was given on four consecutive weekends to make it more accessible to the community.

Curriculum Modules

Although service learning is a teaching method, it can be categorized here as a curriculum module, primarily because it can be adapted to courses so easily.

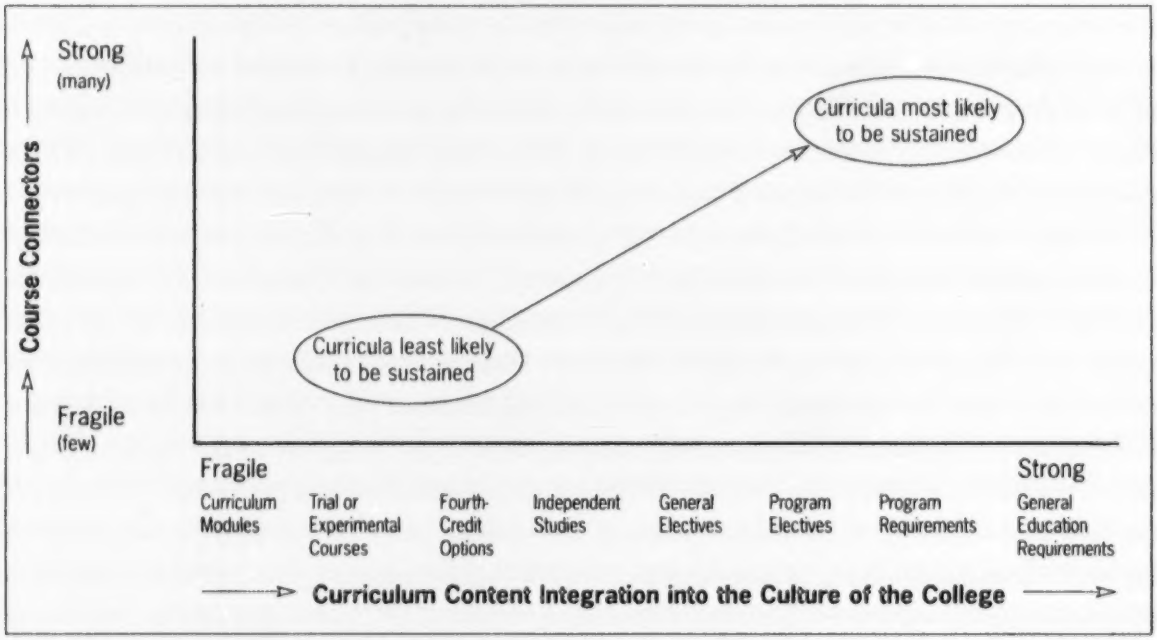
- To fulfill a service learning requirement in their core classes at Northern Virginia Community College, nursing students staffed a mobile health van that provided health and wellness services to community sites and other campuses. Students were given the opportunity to develop cultural competency by serving clients from a wide variety of ethnic backgrounds.
- Santa Barbara City College created a two-part module called "Tell Me What's on Your Mind: Reducing Risk-Taking Behaviors and Increasing the Quality of Your Interpersonal Relationships Through the Use of Effective Communication Strategies." This module, which included handbooks, resources, and transparency masters for facilitators and participants, was infused into three basic communication courses and serves as part of the training for peer educators on campus. The module has been presentated at numerous regional peer education conferences so colleges and universities can replicate it.

What was inspiring was the student responses and excitement about being able to talk about sexuality in a neutral and nonjudgmental atmosphere. When given the motivation, they were able to create wonderful vignettes where they could teach others the newly acquired assertiveness skills of "I messages" and refusal skills.

—Madeline Burridge, Health Educator,
Santa Barbara City College

- Daytona Beach Community College facilitated curriculum infusion by working with faculty members in fields other than health. These faculty members made HIV/AIDS the content of a variety of assignments in composition, speech, and statistics classes. English instructors challenged their students to use teacher-directed topics in HIV/AIDS for essays, journals, service learning writings, research papers, and critiques of speakers. Statistics students had three choices: They could write a research paper comparing county, state, and national AIDS statistics (obtained from the CDC's Web Site); conduct a college-wide HIV/AIDS attitude survey; or develop, administer, and analyze the results of a basic HIV knowledge quiz. Some students in the human services program were required to participate in the peer education module.

TABLE 2 — Curriculum Infusion: Strategies for Promoting Sustainability



Examples of Course Connectors:

- ***Internal:*** (1) academic counselors' support for student referrals, (2) interdisciplinary team teaching, (3) cross-listing of courses (e.g., listing an infectious diseases course under both allied health and biology curricula), (4) charisma of teachers or program leaders, and (5) connection to collegewide initiatives (e.g., across-the-curriculum initiatives in critical thinking, writing, and diversity).
- ***External:*** (1) transferability of courses to other higher education institutions, (2) certification or accreditation by an external body (e.g., the American Red Cross, Middle States Association of Colleges and Schools), and (3) connection to other national education initiatives (e.g., Tech Prep and service learning initiatives).

Source: Ottenritter

The addition of HIV/AIDS education to the "Nursing of the Childbearing Family" course was extremely valuable. The students were exposed to cultural diversity as well as factual information related to women, pregnancy, and HIV/AIDS.

—Beryl Stetson, Nursing Instructor, Raritan Valley Community College

Trial or Experimental Courses

At many colleges, courses can be offered up to three times on a trial or temporary basis; doing so gives an institution time to decide whether the course is suitable and to change it as necessary. Kapi'olani Community College developed several such courses about HIV/AIDS, as described below:

- "HIV/AIDS Service Learning–Pacificare Volunteer Training" resulted from a collaboration between the college and Pacificare, a local AIDS service organization. The course offered skill development and service experience to enable students to promote the physical, emotional, and spiritual well-being of people living with AIDS, their caregivers, and their families.
- Service learning students in another experimental course, "Literary and Artistic Interpretations of HIV/AIDS," examined literary and artistic responses to the HIV/AIDS pandemic.
- A nine-credit learning-community course, "Creativity, Wisdom, and Me," gave students the opportunity to address issues of HIV/AIDS through expository writing, and theoretical perspectives from psychology and philosophy.

Fourth-Credit Options and Independent Studies

A fourth-credit option is a one-credit course (service- or content-related) that is attached to a standard course offering. Both Kapi'olani Community and Santa Barbara City Colleges offered service learning as a fourth-credit option. Independent studies can provide in-depth learning experiences for students interested in HIV/AIDS and other health issues. Such studies are challenging to sustain, however, because students must propose the study topic, then negotiate the parameters of the learning experience and the academic product with the professor.

General Electives

Wisconsin Indianhead Technical College offers "Health and Wellness: HIV/AIDS," a one-credit elective that is based on American Red Cross material. The course encourages people to reflect upon their own behavior and apply facts to how they deal with HIV/AIDS. It also helps them develop accurate and nonjudgmental ways of communicating with other students and community members. Taught on the college's interactive television system, the course is open to all students and is highly promoted in health programs.

Program Electives, Program Requirements, and General Education Requirements

Program electives and core courses in specific programs of study are more visible than courses that are general electives. The same course can be double- or cross-listed in course catalogues and used to satisfy requirements in several programs. For example, Pitt Community College's "Lifestyles Trainer," which many students in nursing and other health-related programs take, is a program elective for human services students and can be used as a general elective by any student.

Course Connectors

Courses that confer not only college credits but also certification or credentials in noncollege systems hold special promise. Such courses are increasingly used in the information technology field. For example, many colleges offer vendor certifications from companies such as Microsoft and Cisco. Many Bridges colleges provide American Red Cross certification within general HIV/AIDS or peer-educator courses. Elective and required courses in allied health and nursing programs have the added advantage of being approved by discipline-specific credentialing groups.

The ability to transfer credits from community colleges to four-year institutions is important to

many students. For example, Rutgers University approved Raritan Valley Community College's three-credit "HIV/AIDS Education" course as equating with its biology, sociology, and biomedical issues course. Rutgers will credit the course toward its natural science requirement.

Team-taught courses connect more teachers and students than courses taught by a single instructor do, ensuring a greater degree of investment from the campus community. Investment is especially high when courses are team-taught by instructors from different disciplines. Learning communities—two or more team-taught courses organized around a particular theme—are particularly suitable for connecting disparate disciplines. Kapi'olani Community College took this a step further, offering ten clusters—groups of courses offered in the learning community style. Students could choose from a Single Parents cluster, an Advanced ESL cluster, and a Holomua (a Hawaiian term meaning "moving forward") cluster that included remedial work in math and English.

Courses taught through distance education have the potential to connect campuses and reach a great number of students over a great geographic area. Wisconsin Indianhead Technical College, which is in a rural part of the state, offered its "Health and Wellness: HIV/AIDS" course through its four-campus distance learning system.

Connecting health-promotion and disease-prevention courses to college-wide and other national higher education and education-reform initiatives has also proven successful. Kapi'olani Community College tied HIV education into current Tech Prep initiatives and two across-the-curriculum initiatives, "Writing Across the Curriculum" and "Cultural Competency Across the Curriculum."

Summary

The service learning movement, which has seen tremendous growth in the last 10 years, offers an effective way to deliver multi-tiered health-promotion and disease-prevention information and services. Service learning delivers HIV-prevention messages not only to college faculty and students, but also to community members. Instructor-led reflection helps students focus on systemic issues about public health, an effect that is particularly powerful when members of community-based organizations work closely with the college community. This reflection can also stimulate discussion about national goals to reduce health disparities, which are described in detail in the HHS's *Healthy People 2010*.

Peer Education

Peer education programs proved to be popular among Bridges colleges. By the third year of the Bridges to Healthy Communities project, nine of the ten colleges had peer educator groups. Six of the groups focused on a broad array of health issues, including HIV/AIDS; alcohol, tobacco, and other drug abuse; sexually transmitted diseases (STDs); hepatitis; eating disorders; and domestic violence. The other three groups focused solely on HIV prevention. Each college configured its peer education program to fit into its campus culture. The programs' organizational "homes," funding, and student recruitment, training, and recognition varied.

Northern Virginia Community College has a two-tier system for creating peer educators. The six-week, one-credit course, "An Introduction to HIV/AIDS Student/Peer Education and Service Learning," is open to all students. The course serves as an introduction to HIV/AIDS and has a very strong service learning component. A three-credit course, "Topics in HIV/AIDS Peer Education," incorporates American Red Cross HIV/AIDS Fundamentals Instructor Certification, provides in-depth training in peer education, and a service learning component.

Pitt Community College developed "Lifestyles Trainer," a three-credit peer education course on HIV/AIDS. Besides attending class, students each week perform a minimum of three hours of service learning activities in community agencies that serve HIV/AIDS clients. Upon completing the curriculum, the certified healthy lifestyles trainers support a variety of HIV prevention measures on the campus and serve as teachers for the Healthy Lifestyles module in the college orientation course taken by all PCC students. They have developed

OVERVIEW OF PEER EDUCATION PROGRAMS IN BRIDGES COLLEGES

- **Organizational Home Base.** Peer education was housed in academic departments, the offices of community resources and services, campus health services centers, and in student services offices. Only two of the ten Bridges colleges had a special peer education office.
- **Funding.** In addition to start-up grant money, colleges used funds from tuition fees and wellness and student activities budgets. Some used faculty release time; others had no additional funding.
- **Student Recruitment.** Some colleges used advertising and various marketing techniques to find students to participate in peer education programs. Many found that word-of-mouth and faculty referrals worked well. Peer education students often came from classes on HIV, peer education, or human resources. Colleges recruited students from minority groups and other populations served by the peer educators.
- **Student Involvement.** At five of the ten Bridges colleges, peer educators were members of a peer education club. At most of the colleges, from 10 to 20 students served as HIV/AIDS peer educators per semester.
- **Peer Educator Training.** Students who served as peer educators were trained through the American Red Cross, the BACCHUS & GAMMA Peer Education Network, and credit courses.
- **Student Rewards.** Bridges colleges were creative in rewarding their peer educators, with most recognizing them at special ceremonies with certificates and awards. Some students received stipends. Most received T-shirts identifying them as official peer educators. Less visible rewards included academic credit, service learning hours, and—the most important to many students—the intrinsic satisfaction of helping others.
- **HIV Testing.** Peer educators sometimes helped with HIV antibody testing on campus, but their work was usually restricted to administrative tasks such as advertising and intake. In some cases peer educators provided counseling before and after testing.
- **HIV Prevention Classes.** Peer educators conducted HIV prevention sessions in student orientation classes or in "Don't Cancel that Class" programs, in which teachers enlist peer educators to present on days they will be absent. They also provided classes or information sessions to high school and community groups.
- **Peer Educator Activities.** Peer educators can be teachers, planners, mentors, and resource people. In the Bridges colleges, they taught HIV prevention in community agencies and at clinics, health fairs, classes, a mobile health van, and campus events. They planned and conducted awareness events, such as World AIDS Day programs, and passive education campaigns, such as a poster display throughout a college. They mentored service learning and other students. They also staffed a resource center and acted as a resource for referrals to off-campus medical providers.

social marketing brochures containing health messages for the campus and have spoken at community organizations offering Family Talk, an HIV/AIDS prevention program for middle-school students and their parents. PCC's Lifestyles Trainer course has been approved by the North Carolina Community Colleges System and can now be offered by any college in the system.

The students who have become peer educators have blossomed. They are enthusiastic and have increased their self-confidence. They have shared their knowledge about AIDS prevention in scheduled situations but have been very verbal in other classes and with fellow students.

—Carla Lewis, Nursing Department Chair,
Pitt Community College

Policy and Practices

Policy and law can have a significant effect on risk behaviors (such as smoking, or drinking while driving), subsequent morbidity and mortality, and disease prevention. Some Bridges colleges reviewed existing campus policies that affect health and wellness in general and HIV/AIDS in particular. Holyoke Community College revamped its smoking policy after such a review. The illness of a staff member with AIDS was the impetus for another Bridges college to review its personnel policies. The employee, who had exhausted all leave but still wanted to work, began discussions about a sick leave bank. The college developed an emergency leave bank policy in which employees could give a limited amount of their sick days to an employee in need. The policy was designed to alleviate the hardship created when a catastrophic illness or injury causes an employee to use up all accrued leave.

Bridges colleges also played a role in disseminating Occupational Safety and Health Administration (OSHA) requirements by becoming preferred sites for training mandated by local, state, and national standards. For example, all health-

related professionals with a Florida license must attend at least two hours of HIV/AIDS training every two years. Daytona Beach Community College provides this training by offering a bimonthly basic AIDS education and AIDS update seminar through its Institute of Health Services. This OSHA workshop, sponsored by the Florida Department of Security and Safety, is conducted as part of the continuing education program of the college's health occupations department.

The Bridges project director at the College of DuPage put effective communication and health promotion into practice by distributing health messages in a variety of ways, including through the college's e-mail system. She sent all staff weekly e-mail messages designed to inform, inspire, or to help make people realize the importance of HIV-related prevention and services. The messages varied. Some were as simple as a quotation, like this one from Dr. Martin Luther King, Jr.:

> An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of community.

Some were informational:

> In pursuit of improving the health and well-being of students...Approximately 75% of college students report that they have engaged in unprotected sexual activities with multiple partners. Alcohol is the number one drug associated with the transmission of HIV....By year 2000, DuPage county will have an estimated 4,000 HIV/AIDS infected citizens...and an estimated 144 College of DuPage students will be HIV/AIDS infected. See you at the Feb. 25 Wellness Fair.

Collaboration and Outreach

Bridges colleges sought out and collaborated widely with community-based organizations; AIDS service organizations; local, state, and federal health agencies; and businesses in the health sector. Representatives of these organizations participated on the colleges' advisory groups, informing project personnel about community and campus needs, reviewing project materials for appropriateness and accuracy, and providing ongoing course correction. Bridges colleges conducted these advisory groups—sometimes called program review panels, advisory boards, or advisory councils—through scheduled meetings and formal interaction as well as through phone calls, e-mails, and informal interactions at related community meetings. For example, the project director and health educator at Santa Barbara City College served on more than 15 community groups, including the Santa Barbara County AIDS Task Force and the Community Alcohol Problem Prevention Project.

Holyoke Community College's advisory board included a faculty or staff member from each college division in addition to community representatives. The members acted as liaisons between their divisions and the advisory committee, which met quarterly to exchange ideas and provide feedback on materials and events. Their input on the advisory board provided important support for the health educator.

Our strongest belief is that we have to be connected to our communities, not only for collaboration and awareness of each other's services and strengths, but also to work together toward one goal without duplication of services.

—Sourri Baetjer, Coordinator of Health Services, Raritan Valley Community College

Other meaningful collaboration and outreach efforts at Bridges colleges included special events and connections with K–12 schools. Raritan Valley Community College provided regular outreach to both middle and high schools in its area. For example, the RVCC Latino Club brought students from the Orguillo Latino High School to the campus. Part of their visit included a presentation by RVCC

peer educators on HIV/AIDS and related issues. The College of DuPage, which is located in a Chicago suburb and is the largest single-campus community college in the nation, has an active fine arts center that is home to the Buffalo Theatre Ensemble. In a good example of a college capitalizing on its own strengths to address health issues, during the Bridges to Healthy Communities project the college presented 33 performances of three plays—*The Living*, *Sexual Perversity in Chicago*, and *Angels in America*. The plays became the anchor for an array of activities that forged alliances among students and faculty and between the college and the community. Most notable was a pre-performance symposium called "The Healing of Humanity, Angels in America—Symposium 2000." Leaders of Mormon, Methodist, Jewish, Church of Christ, and Metropolitan Community Church congregations; students; and the director of a local AIDS residence discussed issues introduced by the play.

The College of DuPage also hosted an event with the health department in the lobby of the campus cafeteria. Interactive games and one-on-one conversations with other students gave college students the opportunity to talk about abstinence, rape, pregnancy, proper condom usage, AIDS, monogamy, and sexually transmitted diseases.

As Bridges colleges became increasingly comfortable with collaborating with the community, they began to focus on the quality and effectiveness of that collaboration. Reciprocity between community and campus became more important and relationships deepened.

EVENTS AND ACTIVITIES FOR PROMOTING HEALTH

Events:

- World AIDS Day
- Great American Smoke-Out
- Halloween, Spring Break, and Valentine's Day
- National Collegiate Alcohol Awareness Week

Activities:

- Distribution of safer sex kits
- Annual speech contest on "Myths Surrounding HIV/AIDS"
- Peer presentations to classes when instructors are absent ("Don't Cancel That Class" presentations)
- Clothesline Project (t-shirts representing individuals who have experienced some form of violence are creatively decorated and hung in a display. Students can make a shirt for themselves or someone they care about.)

Conclusion: Creating Healthy Campus Environments

Through discussions and its policy statement, the Bridges to Healthy Communities national advisory panel acknowledged the importance of HIV prevention and health-promotion activities. It also emphasized the importance of creating a campus environment in which health is taught, learned, and practiced in many different ways.

To create healthy campus environments, college leaders should consider community as well as institutional and student contexts. Community history, values, needs, and partnerships can significantly shape campus health initiatives. The institutional context for HIV prevention efforts can include the ages of students, the presence of existing health-related programs, and the political will of campus decision makers. Because health messages are more effective when they are tailored to students' ethnicity, developmental life stages, interests, and concerns, a college's efforts to create a healthy campus must be based on understanding of students and their health assets and liabilities. Cultural competency, including the involvement of priority populations in the design, implementation, and evaluation of programs, is a must. For example, college leaders can tailor programs to students' developmental stages by having programs for younger students address high-risk

sexual behavior, injury, and alcohol and other drug use, and programs for older students emphasize tobacco use, nutrition, and physical activity.

Surveys and reports can provide national normative data about health issues, but when it comes to effective program planning, nothing can take the place of knowing the students and staff on a particular campus. Sometimes statistics considered separately can support one conclusion, while the same statistics considered together can support the contrary conclusion. Community colleges can be very different from one another, and the normative data presented in this brief might have very little relationship to a given community college. The key questions to ask are "*What* and *how* do you know about the health issues on your campus?" and "*What* do you intend to do about them?"

Colleges can use *Campus HIV Prevention Strategies: Planning for Success* (Hoban, Ottenritter, Gascoigne, Kerr, and Sawyer in press)—from AACC, the American College Health Association, and the BACCHUS & GAMMA Peer Education Network—as a framework for assessing their current status and moving toward more healthy campuses. This work examines the critical areas of campus environment and policy, health messages, professional development, student leadership, prevention programs, attending to priority populations, health services, and collaboration, and provides direction, resources, and self-assessment tools for colleges.

It's critical to assess the culture and climate of your individual campus. You cannot measure success by comparing your community college to another community college. The atmosphere and culture can be so different.

—Carla Lewis, Nursing Department Chair,
Pitt Community College

AACC POLICY STATEMENT ON HEALTH AND WELLNESS

Community colleges recognize the importance of health in the learning, retention, productivity, and well-being of students, faculty, and staff alike. Health is not merely the absence of disease, but is promotion of the mental, physical, social, environmental, and spiritual well-being of individuals and communities. Being largely social, environmental, and behavioral means that many modern-day illnesses are preventable, but only through a combination of individual and broad community measures. In an effort to encourage citizens to embrace their personal and social responsibility, and higher education institutions to embrace their organizational responsibilities in matters of health, the American Association of Community Colleges encourages the integration of health into all facets of community college life and offers the following recommendations:

- Community colleges should create an environment that supports health in which institutional mechanisms such as policy, programs, curricula, services, and collaborative work with the community promote and support health and wellness. Among the issues to be considered in health and wellness policy development are tobacco use, HIV infection, and use of alcohol and other drugs.
- Community colleges should remain on the cutting edge of health care transformation by preparing clinically and culturally competent allied health professionals. These professionals range from associate degree nurses to substance abuse counselors, medical assistants, radiological technologists, medical technologists, and a wide range of therapy assistants in occupational, recreation, rehabilitation, and related therapies. These and other allied health occupations fill a critical niche for practice in the 21st century.
- Because of their easy accessibility and capacity for providing customized training, community colleges also should continue to offer continuing education for faculty and other health care professionals.
- Community colleges should view health as a powerful and appealing vehicle for interdisciplinary learning, skills building, and career development.

—Adopted by the AACC Board of Directors, August 1999

Resources

AACC Bridges to Healthy Communities Colleges

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MANAGING CHANGE

Bridges Colleges found early on that their students, stakeholder groups, and campus communities had different views regarding HIV prevention and health. The colleges used the transtheoretical model of change to assess (at the student, stakeholder, and campus community levels), monitor, and plan for future initiatives and events.

The six stages of change are:

1. *Pre-contemplation:* Unaware of risks and problems; no intention to change within the next six months
2. *Contemplation:* Aware a problem exists; seriously thinking about it; intends to take action within the next six months
3. *Preparation:* Intends to take action within the next thirty days
4. *Action:* Change within the last six months leads to modification of behavior, experience, or environment to overcome the problem
5. *Maintenance:* Change is maintained for more than six months, with work to prevent relapse
6. *Termination:* Old behavior will never return; there is complete confidence one can cope without fear of relapse.

If a student is generally unaware of the risks and problems of HIV (*pre-contemplation*), a required session of basic information at new student orientations would be in order. If a student is well aware of HIV and is ready to take action (*preparation*), then becoming a peer educator might be an appropriate course of action for that student. Likewise, if a campus perceives its students as having no health problems, awareness-building activities typical of the pre-contemplation stage would be helpful. These are but a few examples to illustrate the practical use of the model.

—Adapted from *Changing for Good* (Prochaska, Norcross, and DiClemente, 1994).

AACC Bridges to Healthy Communities Mini-Grant Colleges

Flathead Valley Community College, Kalispell, MT

Gadsden State Community College, Gadsden, AL

Hocking Technical College, Nelsonville, OH

Iowa Western Community College, Council Bluffs, IA

Nunez Community College, Chalmette, LA

Piedmont Virginia Community College, Charlottesville, VA

Prestonsburg Community College, Prestonsburg, KY

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Acknowledgments

The authors wish to thank the participants of the Presidents' Policy Roundtable on Health:

Ellie Bewley, Rio Hondo Community College; Susan Broderick, Santa Barbara City College; Lucy R. Cardenas, Laredo Community College; Charles Deutsch, Harvard School of Public Health; Victor Ficker, Gadsden State Community College; Terrence Kelly, Delgado Community College; Vern Loland, San Antonio Community College; John Morton, Kapi'olani Community College; Sue Ochsner, Tarrant County Community College; Tessa Martinez Pollack, Glendale Community College; Leah Robin, Centers for Disease Control and Prevention; Kathie Sigler, Miami-Dade Community College Medical Center Campus.

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This publication was supported under Cooperative Agreement 95032 (award number U87/CCU312252-05) from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

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